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FORM D

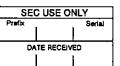


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	JAVC
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	



ONIT ON MINITED OFFERIN	TO BREMI TION
Name of Offering ( check if this is an amendment and name has changed, and indic	ate change.)
Thaddeus Asia Event Driven Fund	
Filing Under (Check box(es) that apply):   Rule 504  Rule 505  Rule 506	Section 4(6) ULOE
Type of Filing:	
A. BASIC IDENTIFICATION	V DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate	change.)
Thaddeus Asia Event Driven Fund	
Address of Executive Offices (Number and Street, City, St	ate, Zip Code) Telephone Number (Including Area Code)
4th Fl, Scotia Centre, PO Box 268, George Town, Grand Cayman KY-1104, Cayman Islands, B.W.I.	
Address of Principal Business Operations (Number and Street, City, S	tate, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)  ob Thaddeus Capital Management (HK) Limited, Attention; Charle Peza	(000) 0716 5700
Unit 1302, Dina House - Ruthnojee Centre, 11 Duddell Street, Central, Hong Kong	(852) 3716-5700
Brief Description of Business	PROCESS
Investment.	PHOCESS
Type of Business Organization	other (please specify): SEP 2 4 2007
corporation   limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	other (please specify): THOMSON
	- ITOMSON
Month Year Actual or Estimated Date of Incorporation or Organization: 111 [116] [7]	
Actual or Estimated Date of Incorporation or Organization: 111 06 A  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	ctual Estimated
CN for Canada; FN for other foreign juri	
GENERAL INSTRUCTIONS	

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		SANTA VPONER	www.injeniondak		
2. Enter the information re	quested for the fo	llowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is	suer has been organiz	ed within the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner baving the pow	er to vote or dispose,	or direct the vote or dispositio	n of, 10% or more of a	class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers an	d of corporate general and m	anaging partners of p	artnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter		ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Thaddeus Capital Limited	•				
Business or Residence Addre c/o Thaddeus Capital Ma		Street, City, State, Zi Limited, Unit 1302		Centre, 11 Dudde	Il Street, Central, Hong Kong
Check Box(cs) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Peza, Charle	f individual)				
Business or Residence Addre	•	•	•	Centre, 11 Duddell	Street, Central, Hong Kong
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Wenham, lan	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zi	ip Code)		
c/o Thaddeus Capital Mar	nagement (HK)	Limited, Unit 1302,	, Dina House - Ruttonjee (	Centre, 11 Duddel	Street, Central, Hong Kong
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zi	ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zi	ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zi	ip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zi	p Code)		
	(Use blan	nk sheet, or copy and	use additional copies of this	sheet, as necessary)	

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1.	Ues the	icenar col	d ordona	ha issuas i	ntend to se	ill to non a	oceaditad :	invectors is	n thin offer	ina?		Yes	No
1.	rias uic	122061 201	d, or does t			n Appendix				•	*****************		
2.	What is	the minin	num investr			• •	•	. •				s 1,0	00,000,000
•••	************		10111 1111030	nont and r	ini be acci	pica nom	any marin			******************	•••••••••••	Yes	No
3.	Does th	e offering	permit join	it ownershi	ip of a sing	gle unit?			· · · · · · · · · · · · · · · · · · ·		••••••••	R	
4.	commis If a pers or state:	ision or sin son to be li s, list the n	nilar remune sted is an as	eration for s sociated pe proker or d	solicitation erson or age caler. If m	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	lirectly, any the offering. with a state sons of such		
Ful N/		Last name	first, if ind	ividual)							,		
		Residence	Address (N	Vumber and	d Street, C	ity, State, 2	Zip Code)				<u>u</u>		
			`										
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wh	nich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
	(Check	"All State	s" or check	individua	States)		***************************************					□ Al	1 States
	AL	[AK]	AZ	AR	CA	CO	(CT)	DE	DC	[FL]	(GA)	HI	[ID]
	IL	IN)	IA	KS	KY	ĪĀ	ME	MD	MA	MI	MN	MS	MO
	ΜŤ	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
	RI	\$C	SD	TN	[TX]	UT	VT	VA	WA	WV	WT]	ŴŶ	PR
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)						
Nar	ne of As:	sociated B	roker or De	aler									
Stat	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	1					<del></del>
	(Check	"All State	s" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT)	DE	DC	FL	GA	HD	ID
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
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_						וייי	( <u>AT</u> )	[YA]	(M.V.)		[W1]	MI	<u> </u>
Ful	l Name (l	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nar	ne of Ass	ociated B	roker or De	aler									
Stat	es in Wh	ich Person	Listed Ha	. Calicited	or Intends	to Solicit	Durchaner						
., est			s" or check									□ Al	l States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FĽ	GA	HI	(ID)
	I	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT)	NE	[NV]	NH	NJ	NM CUT	(NY)	NC)	ND	OH)	OK	OR	PA
	RI	SC	(SD)	TN	TX	UT	$\nabla T$	(VA	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>.</b>	2
	Equity		
	☐ Common ☐ Preferred		· ·
	Convertible Securities (including warrants)	:	s
	Partnership Interests		
	Other (Specify)		
	Total		\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		s
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		S
	Rule 504		<b>s</b>
	Total		s 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		_
	Legal Fees	_	_
	Accounting Fees	_	_
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total	_	\$ 0.00

2	The comparison of the construction of the cons	io: (ADDS)	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		s
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	] <b>s</b>	. 🗆 \$
	Purchase of real estate		. 🗆 \$
	Purchase, rental or leasing and installation of machinery		
	and equipment		
	Construction or leasing of plant buildings and facilities	]\$	. 🗆 \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)		<b>\$</b>
	Repayment of indebtedness		
	Working capital		s
	Other (specify):	]\$	. 🗆 \$
			. 🗆 <b>s</b>
	Column Totals		
	Total Payments Listed (column totals added)	□ \$ <u>_0</u>	.00
	THE PERSON OF TH	W. W.	
sign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissinformation furnished by the issuer to any non-accredited investor purition to paragraph (b)(2) of R	sion, upon writte	tle 505, the following in request of its staff,
	er (Print or Type)  siddeus Asia Event Driven Fund	Pate 8/3	0/07
Nan	ne of Signer (Print or Type) Title of Signer (Print or Type)	,	700
ナレ	uddeus Capital Managery / Chief Execut	rue of	tice-
	(HK) Limited		
	For and on behalf of		
1	renders Asia Event Driven Find		
	by: Paul Sheehen		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		A STATE OF THE STA	
1.		ed in 17 CFR 230.262 presently subject to any of the disqualification ule?	
		See Appendix, Column 5, for state response.	
2.		uer hereby undertakes to furnish to any state administrator of any state in ) at such times as required by state law.	which this notice is filed a notice on Form
3.	The undersigned iss issuer to offerees.	uer hereby undertakes to furnish to the state administrators, upon writ	tten request, information furnished by the
4.	limited Offering Exc	uer represents that the issuer is familiar with the conditions that must emption (ULOE) of the state in which this notice is filed and understan as the burden of establishing that these conditions have been satisfied.	ds that the issuer claiming the availability
	uer has read this notific athorized person.	ation and knows the contents to be true and has duly caused this notice to	o be signed on its behalf by the undersigned
Issuer	(Print or Type)	Signature	Date
Name (	(Print or Type)	Title (Print or Type)	
		<u>, I</u>	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A salta Sana	PENDIX					
l	Intend to non-a investor	t to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
СО					_					
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1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT					•				
NE					_				
NV									
NH					_				
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WA									
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i	to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

